

## Application For Buyout Incentive

### CONDITIONS:

1. I understand that the effective date of my retirement/resignation will be no later than April 3, 2004.
2. If I receive a separation pay incentive (buyout incentive), I will not be eligible for reemployment anywhere within the Federal Government for 5 years from the date of separation, unless I make full repayment to NASA (before taxes) prior to the first day of employment.
3. Employment under a personal services contract, and volunteer services, are also prohibited.
4. The OHR will review all applications received to assure the applicants are currently working in one of the targeted skill areas as defined by the "Skills Buyout Request" located on the OHR Web site, [http://ohr.larc.nasa.gov/buyout/buyout\\_skills.pdf](http://ohr.larc.nasa.gov/buyout/buyout_skills.pdf) and meet the skill conditions in the buyout plan. Applicants will be notified within 3 working days of the closing date of the buyout window as to their eligibility for the buyout.
5. I understand that my application may be withdrawn anytime up to the close of business on the effective date of my separation.

### APPLICANT STATEMENT:

I wish to **retire** effective \_\_\_\_\_. I understand that if my application is approved, I must submit a completed, signed retirement application by February 19, 2004, if I intend to retire during the period from February 27 through March 3, 2004. Contact Linda Park, extension 42605, for additional information.

If my application is approved, I wish to **resign** effective \_\_\_\_\_

\_\_\_\_\_  
Name of Employee (please print)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title and Series

\_\_\_\_\_  
Grade

\_\_\_\_\_  
SSN (for identification purposes only)

\_\_\_\_\_  
Mail Stop/Phone Number

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

This form must be received by the Personnel Operations Branch, Bldg. 1195C, Room 156, not later than 4:30 p.m., February 13, 2004.

**OHR USE ONLY:**

**OHR REVIEW:**

For each applicant verify:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Series and Grade

\_\_\_\_\_  
Pay Plan

\_\_\_\_\_  
NASA Class Code

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
OHR Reviewer's Signature

\_\_\_\_\_  
Date